UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	247087US2SRD
First Inventor or Application Identifier	Koichi KONDO, et al.
Title	MECHANISM SIMULATION METHOD AND MECHANISM SIMULATION PROGRAM

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Commissioner for Patents
Mail Stop Patent Application
Alexandria, Virginia 22313

1. ■ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. ■ Specification   Total Sheets **45**

3. ■ Drawing(s) *(35 U.S.C. 113)* Total Sheets **10**

4. ☐ Oath or Declaration   Total Pages [ ]
   a. ☐ Newly executed (original or copy)
   b. ☐ Copy from a prior application *(37 C.F.R. §1.63(d))*
      (for continuation/divisional with box 17 completed)
      i. ☐ DELETION OF INVENTOR(S)
         Signed statement attached deleting inventor(s) named in
         the prior application, see *37 C.F.R. §1.63(d)(2) and 1.33(b).*

5. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program *(Appendix)*

6. ☐ Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
   a. ☐ Computer Readable Form (CRF)
   b. Specification or Sequence Listing on :
      i. ☐ CD-ROM or CD-R (2 copies); or
      ii. ☐ Paper
   c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))

8. ■ Application Data Sheet. See 37 CFR 1.76

9. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
   (when there is an assignee)

10. ☐ English Translation Document *(if applicable)*

11. ☐ Information Disclosure Statement (IDS)/PTO-1449   ☐ Copies of IDS Citations

12. ☐ Preliminary Amendment

13. ■ White Advance Serial No. Postcard

14. ■ Certified Copy of Priority Document(s) (2)
    (if foreign priority is claimed)

15. ☐ Applicant claims small entity status.
    See 37 CFR 1.27

16. ■ Other: Request for Priority

---

17. If a CONTINUING APPLICATION, *check appropriate box, and supply the requisite information below:*

☐ Continuation   ☐ Divisional   ☐ Continuation-in-part (CIP)   of prior application no.:

Prior application information: Examiner: _____   Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.
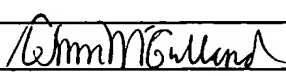
18. CORRESPONDENCE ADDRESS

Customer Number

22850

(703) 413-3000
FACSIMILE: (703) 413-2220

Name:	Marvin J. Spivak	Registration No.:	24,913
Signature:	*Comm McClelland*	Date:	12/23/03
Name:	C. Irvin McClelland	Registration No.:	

Registration Number 21,124

Docket No.   247087US2SRD

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S)   Koichi KONDO, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: MECHANISM SIMULATION METHOD AND MECHANISM SIMULATION PROGRAM

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	16 - 20 =	0	x $18 =	$0.00
INDEPENDENT CLAIMS	2 - 3 =	0	x $86 =	$0.00
☐ MULTIPLE DEPENDENT CLAIMS (If applicable)			+ $290 =	$0.00
■ LATE FILING OF DECLARATION			+ $130 =	$130.00
			BASIC FEE	$770.00
TOTAL OF ABOVE CALCULATIONS				$900.00
☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY				$0.00
☐ FILING IN NON-ENGLISH LANGUAGE			+ $130 =	$0.00
☐ RECORDATION OF ASSIGNMENT			+ $40 =	$0.00
			TOTAL	$900.00

☐   Please charge Deposit Account No. 15-0030 in the amount of **$0.00** A duplicate copy of this sheet is enclosed.

☐   A check in the amount of **$0.00** to cover the filing fee is enclosed.

■   Credit card payment form is attached to cover the filing fee in the amount of **$900.00**

■   The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: _____12/23/03_____   _____

Marvin J. Spivak
Registration No.   24,913

Customer Number

22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 05/03)

C. Irvin McClelland
Registration Number 21,124